(before treatment - 50,9±3,9; after two months- 42,7±4,6; t=3,1; p=0,011), Womac pain scale (before treatment - 47,0±5,3; after two months- 30,4±6,5; t=2,89; p=0,016). The constraint of movements decreased (before treatment 47,4±5,1; after two months- 35,9±6,6; t=2,67; p=0,023), and index of everyday activity improved (before treatment 50,0±6,1; after two months- 38,3±6,3; t=2,25; p=0,048).

Conclusions: Theraflex-Advance is instrumental in rapid decrease of intensity of the pain syndrome (after two weeks) in patients with knee osteoarthritis. Over a month after cessation of preparation taking, positive effect remains: knee pain is significantly lower in comparison with indexes before treatment; constraint index increases and index of everyday activity aggravates. Herewith, the given indexes remain lower than before treatment. The analgesic effect after taking Teraflex-Advance becomes noticeable after two months when it is followed by the essential decrease of constraint index, improvement of index of everyday activity. Quality of life significantly improved in patients of both groups.

430

LONG-TERM SAFETY OF DICLOFENAC SODIUM GEL 1% IN PATIENTS WITH OSTEOARTHRITIS OF THE KNEE

H. Baraf[1], A.J. Ramsay[2], D. Schumacher[3], D.S. Dreher[4]
[1]The Center for Rheumatology and Bone Research, Wheaton, MD; [2]University Clinical Research, Inc., Pembroke Pines, FL; [3]Radiant Research, Columbus, OH; [4]Novartis Consumer Health S.A., Nyon, Switzerland

Purpose: Topical formulations of diclofenac have been developed to provide local analgesic and anti-inflammatory effects with minimal systemic exposure. The primary objective of this study was to determine the long-term safety of diclofenac sodium gel 1% (DSG) in patients with osteoarthritis (OA) of the knee.

Methods: To evaluate long-term safety of DSG, we have pooled 947 DSG patients from 3 studies of primary knee OA: a multicenter, open-label 12-month study treating 1 or 2 knees (n=578) and two previously completed double-blind 3-month trials treating 1 knee (n=369). The dose was 4 g of DSG 4 times per day in all studies. Safety was assessed by monitoring adverse events (AEs), clinical laboratory evaluations, vital signs, and physical examinations. Assessment of pain/stiffness/physical function in the target knee was a secondary objective and was evaluated with the use of the Western Ontario and McMaster Universities' OA (WOMAC) index.

Results: A total of 583 patients were enrolled in the open-label study, including 292 naïve patients and 291 who continued from the two 3-month double-blind studies. Of these, 350 treated 1 knee, 228 treated 2 knees and 5 could not be documented. Half the patients were treated for 6 to 12 months, a third treated 12 months. The 369 DSG-treated patients from the double-blind studies who did not continue into the open-label study were also added to the safety population (n=947). Of all treated patients, 67.8% experienced a treatment-emergent adverse event (TEAE) (65.5% of 719 patients in the 1-knee group and 75.0% of 228 patients in the 2-knee group). The most common TEAE was headache (17.6% of treated patients, 16.6% and 21.1% of the 1-knee and 2-knee groups, respectively). Application-site dermatitis was reported by 10.5% of treated patients, 9.0% and 14.9% of the 1-knee and 2-knee groups, respectively. Other common TEAEs were arthralgia, back pain, and nasopharyngitis. The incidence of serious adverse events (SAEs) was 3.1%, with pneumonia the most frequent SAE. Discontinuation from the study because of a TEAE occurred in 12.1% of treated patients (9.7% and 19.7% of 1-knee and 2-knee groups, respectively). Application-site dermatitis was the most frequent AE leading to discontinuation (6.2% of treated patients, 4.7% and 11.0% of the 1-knee and 2-knee groups, respectively). Of the laboratory tests, alanine aminotransferase (ALT) was elevated to >3 times the upper limit of normal in 1% of patients. WOMAC assessments showed sustained improvement in OA symptoms over 12 months of treatment.

Conclusions: DSG was well tolerated. The overall rate of treatment discontinuation due to TEAEs was low but higher in the 2-knee group. Mean measures of efficacy showed improvement in OA symptoms at each assessment over the 12 months of the open-label study.

431

EFFICACY OF AUTOLOGOUS CONDITIONED SERUM (ACS-ORTHOKINE) IN OSTEOARTHRITIS OF THE KNEE AT TWO YEAR FOLLOW-UP. THE GERMAN ORTHOKINE OSTEOARTHRITIS TRIAL - GOAT-

C. Moser[1], A.W. Baltzer[1], S.A. Jansen[2], R. Krauspe[3], P. Wehling[1]
[1]Centre for molecular Orthopaedics, Duesseldorf, Germany; [2]Clinics for Surgery and Trauma Surgery, Mettmann, Germany; [3]Heinrich-Heine University Hospital, Duesseldorf, Germany

Purpose: A new therapy, based on the intra-articular injection of autologous conditioned serum (ACS-Orthokine), is used for osteoarthritis (OA) treatment. ACS is generated by incubating venous blood with medical grade glass beads. Peripheral blood leukocytes produce elevated amounts of endogenous anti-inflammatory cytokines such as interleukin-1 receptor antagonist (IL-1Ra) and growth factors that are recovered in the serum

Methods: This document reports data from an observational, prospective, cohort study conducted on patients with OA of the knee. Subjects had completed a six-month randomized, controlled, double-blind trial regarding the efficacy and safety of intraarticular injection of ACS-Orthokine compared to Hyaluronan (HA) and Saline. Previous analysis had confirmed a superior reduction in WOMAC, Visual Analogue Scale of Pain (VAS), Global Patient Assessment (GPA) scores after 6 months. A follow-up evaluation was conducted to determine whether therapeutic effects were still present after 2 years.

Results: A total of 310 of the 345 patients who had participated and finished the initial study were traced. Of these, 122 had received additional therapy and were thus re-evaluated separately using the last value carried forward method of imputation (LOCF).

At 2-year follow-up evaluations, there were still statistically significant differences between the ACS-Orthokine and both control groups with regard to WOMAC scores, VAS and GPA. The effect size was still enormous.

Conclusions: The results demonstrate that treatment with ACS-Orthokine results in a significant therapeutic effect compared to HA and saline at not only 6 months, but also at 2 years. Remarkably, the placebo effect seen in patients who received HA or saline, also persisted for the additional 18 months.